

SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Details

Public Employer: FRANKLIN Twp BOE County: Warren
 Employee Organization: FRANKLIN Twp Education Association Employees in Unit: _____
 Base Year Contract Term: 7/1/11 - 6/30/14 New Contract Term: 7/1/14 - 6/30/17
 Type of Settlement: ☒ Mediated Settlement ☐ Fact-Finder Recommendation ☐ Voluntary Settlement ☐ Super Conciliation

	Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
Section II: Economic		
Item 1 Salary	2,066,038.64	2,117,921.24
Item 2 Increment	—	—
Item 3 Longevity	—	—
Item 4 _____	_____	_____
Item 5 _____	_____	_____
Item 6 _____	_____	_____
Item 7 _____	_____	_____
Item 8 _____	_____	_____
Item 9 _____	_____	_____
Item 10 _____	_____	_____
Item 11 _____	_____	_____
Item 12 _____	_____	_____
Any additional items list on separate sheet Additional Items	_____	_____
Section III: Totals - Sum of costs in each column	(Total) 2,066,038.64	(Total) 2,117,921.24

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) 2,066,038.64
 Effective Date (m/d/yyyy) 7/1/14 7/1/15 7/1/16
 Percent Increase 2.5 2.5 2.4
 Total cost of increase 51,883 52,948 52,101
 Total Base salary (successor agreement) _____

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) 2.47
 Dollar Impact (average per year over term of agreement) 52,311

Section VI

Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1				
Cost of Health Plan	549,269	600,994	_____	_____	_____	_____
Employee Contributions	60,344	67,401	_____	_____	_____	_____
Prescription	_____	_____	_____	_____	_____	_____
Dental *	20,273	21,914	_____	_____	_____	_____
Vision	_____	_____	_____	_____	_____	_____

Health Insurance figures do not include waiver incentives

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

Section VII

Prepared by: TIMOTHY Durnea Title: OBA
 Signature: _____ Date: 8/4/15

* Employee Dental Contribution

Base Year 2535 Year 1 2785